Tent Permit

City of Rogers Risk Reduction 113 N 4th St Rogers, AR 72756 (479)-621-1100



Application Instructions - Please fill this form out completely and submit all required information.

PROPERTY INFORMATION		PERMIT NUMBER:				
Property Address:						
OWNER INFORMATION						
Owner Name:		Phone Number:				
Address:		City/State:				
CONTRACTOR INFORMATION						
Company Name:		Contact Person	l			
Address:	City: _		State:	Zi	p:	
Email Address:		Phone Number	:			
Number of tents: How man	ny days	will tent be up f	or event:			
*You must provide us with a flame retardant cer	tificate	for the tent prio	r to issuanc	e of the	e permit.	
This permit becomes null and void if work or construction authorized is abandoned for a period of 6 months at any time after work is commence same to be true and correct. All provisions of laws and ordinances governin granting of a permit does not presume to give authority to violate or cancel performance of construction.	e <mark>d.</mark> I hereby ng this typ	y certify that I have re e of work will be com	ad and examine plied with whet	ed this ap her specif	plication and know fied herein or not. I	the The
	5	Signature of Owne	r, Contractor		Da	ate
OFFICE USE ONLY: Cash □ Credit Card □ Check				otal Du	o: ¢	Da